

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29448**

FILED SEP 5 1956		BIRTH NO. <u>55-815-56</u>		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>1906</u>			
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>							
b. CITY OR TOWN <u>Richmond Heights</u>			c. LENGTH OF STAY (in this place) <u>16 Hours</u>			c. CITY OR TOWN <u>Richmond Heights</u>			d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>6420 CLAYTON ROAD RICHMOND HEIGHTS MO</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>GERALDINE</u>			b. (Middle) <u>MARIE</u>			c. (Last) <u>WACK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 8 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>AUG. 7, 1956</u>		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (What kind of work done during most of working life, even if retired) <u>NONE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>RICHMOND HEIGHTS MO.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>CREITON WILLIAM WACK</u>			13b. MOTHER'S MAIDEN NAME <u>HANNA MARIE O'SHEA</u>			14. NAME OF HUSBAND OR WIFE <u>NONE</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hanna Marie Wack</u>				ADDRESS <u>7700</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ERYTHROBLASTOSIS FETALIS</u>						INTERVAL BETWEEN ONSET AND DEATH <u>16 H. 59 MIN.</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from <u>AUG. 7, 1956</u> to <u>AUG 8, 1956</u> , that I last saw the deceased alive on <u>AUG. 7, 1956</u> , and that death occurred at <u>8:30 A. M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>George J. Niedermeyer M.D.</u>				23b. ADDRESS <u>3923 WATSON ROAD ST. LOUIS 9</u>				23c. DATE SIGNED <u>AUG 8 1956</u>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>8-9-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>			24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>8-9-56</u>		REGISTRAR'S SIGNATURE <u>Hebeck K. Amke M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>SULLIVAN'S</u>			ADDRESS <u>2849 NOTUNG LID</u>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Albert Mayfield*.....
Licensed Embalmer No. *3077*.....

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.